## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/598632

|                                                                          |                                                |                                                 |                                                                          | $IUI_{\circ}$                            | 27                                     | 000                      | 2                 |                     |                        |                            |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------|-------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
|                                                                          |                                                | CLAIMS                                          | AS FILED -<br>(Colum                                                     |                                          | (Column 2)                             | _                        | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| u.s                                                                      | . NATIONAL S                                   | STAGE FEES                                      | ·                                                                        |                                          |                                        |                          |                   | RATE                | FEE                    | •                          | RATE                | FEE                    |
| BASIC FEE                                                                |                                                |                                                 | SMALL ENT                                                                | . = \$ 150                               | LARGE ENT. = \$ 300                    |                          |                   | BASIC FEE           | 150                    | OR                         | BASIC FEE           |                        |
| EXAMINATION FEE                                                          |                                                |                                                 | Satisfies PCT-Article 33(1)-<br>(4) = \$ 50 / \$ 100                     |                                          | All-other-situations = \$ 100 / \$ 200 |                          | 1                 | EXAM. FEE           | 100                    |                            | EXAM. FEE           |                        |
| SEARCH FEE                                                               |                                                |                                                 | U.S. ts ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                          | All other situations = \$ 250 / \$ 500 |                          |                   | SEARCH FEE          | 50                     |                            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                                 | min                                                                      | ius 100 =                                | / 50 <del>=</del>                      |                          |                   | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                                 | $20^{m}$                                                                 | inus 20 =                                | •                                      |                          |                   | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                       |                                                |                                                 | / minus 3 =                                                              |                                          | *                                      |                          |                   | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MUL                                                                      | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT                                                                    |                                          |                                        |                          |                   | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                                 |                                                                          |                                          |                                        |                          | •                 | TOTAL               | 770                    | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                |                                                 |                                                                          |                                          |                                        |                          |                   | SMALL E             | NTITY                  | OR                         | OTHER SMALL E       |                        |
| AMENDMENT A                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                                          | HIGH<br>NUM<br>PREVIO<br>PAID            | BER<br>DUSLY                           | PRESENT<br>EXTRA         |                   | RATE                | TIONAL<br>FEE          |                            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                               | Minus .                                                                  | **                                       |                                        | =                        |                   | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|                                                                          | Independent                                    | *                                               | Minus                                                                    | ***                                      |                                        | =                        |                   | X \$ 100 =          | -                      | OR.                        | X \$ 200 =          |                        |
|                                                                          | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEP                                                              | ENDENT (                                 | CLAIM .                                |                          |                   | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| e.                                                                       |                                                |                                                 |                                                                          |                                          |                                        | (0.1                     |                   | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| AMENDMENT B                                                              | ·                                              | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                                          | (Colur<br>HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY                    | (Column 3) PRESENT EXTRA | 4                 | RATE<br>.·          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                               | Minus                                                                    | **                                       |                                        | ₹ .                      |                   | X \$ 25 =           | *                      | OR                         | X \$ 50 =           | ·                      |
|                                                                          | Independent                                    | *                                               | Minus                                                                    | ***                                      |                                        | =                        |                   | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| *                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                                          |                                          |                                        |                          |                   | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FEE                                                      |                                                |                                                 |                                                                          |                                          |                                        |                          |                   |                     |                        | OR                         | TOTAL ADDIT.<br>FEE | ,                      |
|                                                                          |                                                |                                                 | •                                                                        |                                          |                                        |                          |                   |                     |                        |                            | _                   | 1                      |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".